

Benefits AT-A-GLANCE

For all active full-time, classified and unclassified employees, excluding police officers and firefighters

2 0 1 0

HUMANA MEDICAL PLANS

2010 OPEN ENROLLMENT HOTLINE
1.888.393.6765 • (Open OCT. 26 - NOV. 10)

CUSTOMER SERVICE, PROVIDER INFO AND CLAIMS
1.800.448.6262 • www.humana.com

EMERGENCY NOTIFICATION • 1.800.523.0023
HumanaFirst • 1.800.622.9529
LifeSynch EAP and Mental Health • 1.866.778.3405

EYEMED VISION PLAN

1.866.299.1358

METLIFE

DHMO • PDP DENTAL PLAN
1.800.942.0854 • www.metlife.com

THE HARTFORD

BASIC • SUPPLEMENTAL • DEPENDENT LIFE INSURANCE
1.877.426.6483

UNUM

SHORT-TERM • LONG-TERM DISABILITY PLAN • 1.800.858.6843

FBMC

MEDICAL/DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT
1.800.342.8017

CITY OF MIAMI BEACH HUMAN RESOURCES

305.673.7524

MIAMI BEACH

YOU ARE AN
ESSENTIAL
PIECE

REVISED 10/09



WHO IS ELIGIBLE?

All full-time employees are eligible to participate in the City's benefit plans. In addition, you may elect coverage for your eligible dependents. Proof of dependency will be required by the end of Open Enrollment in order to enroll a dependent in the medical or dental plans. Eligible dependents include your:

- Legal spouse;
- Unmarried children or stepchildren (stepchildren must reside in your home) to age 19, or to age 25 if they are full-time students; and/or,
- Domestic partner (To elect domestic partner coverage, your domestic partner must be registered with Human Resources.)

Proof of dependency includes: marriage certificate or marriage license, birth certificate, adoption certificate, court ordered guardianship, copy of divorce decree indicating parent responsible for coverage and for dependents over age 19, proof of enrollment at an institute of higher education. Under no circumstances shall a dependent mean a grandchild, great-grandchild or emancipated minor including where the grandchild, great-grandchild or emancipated minor meets all of the qualifications of a dependent as determined by the Internal Revenue Service (IRS).

WHEN CAN I MAKE CHANGES TO MY BENEFIT ELECTIONS?

Other than Open Enrollment, a qualified life event is the only circumstance under which the (IRS) rules allow you to make changes to your medical, dental and flexible spending account elections during the plan year. Following are examples of qualified life events:

- Marriage;
- Divorce or legal separation (copies of your divorce decree or legal separation agreement must be provided);
- Birth or adoption, or placement for adoption of a child (copies of the child's birth certificate, adoption papers or guardianship papers must be provided);
- Death of a dependent;
- A dependent no longer meets the eligibility requirements of the plan; or,
- A change in your spouse's employment, such as a change from full-time to part-time, loss of employment, or a significant change in benefit coverage. Written verification of the change in employment status on the employer's letterhead must be provided.

If you experience a qualified life event that causes the need for you to make changes in your benefit elections, you must contact Human Resources within 30 days of the date of the qualified event to make the appropriate changes to your coverage elections. If you do not contact Human Resources within 30 days, you will not be able to make the necessary changes to your coverage until the next annual Open Enrollment, which occurs in the fall of each year with coverage effective January 1 of the following year.

YOUR MEDICAL PLAN OPTIONS

For the 2010 plan year, the City has experienced a rate increase of 8.6% for the Humana Premium HMO, Premium PPO and POS plans and a decrease of 6% for the Humana Standard HMO and Standard PPO plans. A plan summary highlighting the plan benefits provided and your 2010 bi-weekly premium cost is included in the plan summary on the back page. A more detailed summary of the coverage provided by all the benefit plans is available on the Fish Tank, under the HR/Labor Tab/Benefits.

NOTE: You must make a medical plan election for 2010, even if you are currently enrolled in a Humana Medical Plan. Due to the significant changes in the City's coverage options for 2010, if you do nothing during Open Enrollment, your current coverage election in the medical plan WILL NOT continue.

2010 PLAN CHANGES

- Beginning January 1, 2010, the current vision coverage provided in the City's five Humana medical plans will no longer be available. Vision coverage will instead be provided through EyeMed Vision Plan. If you elect coverage through any one of the City's medical plans, you will automatically be provided vision benefits through the EyeMed Vision Plan. You will receive ID cards for the EyeMed Vision Plan prior to the January 1, 2010 effective date of coverage. A summary of the coverage provided by EyeMed Vision Care can be found on the back page of this brochure.
- Recent federally-mandated changes regarding coverage for mental and nervous conditions and substance abuse require that plans treat these conditions as any other illness effective January 1, 2010. This change requires plans to apply the same plan limits, copays, deductibles and coinsurance for charges related to medical care to treat these conditions. This coverage change impacts all five of the City's medical plans and are highlighted in the plan comparison on the back page.
- In addition, changes have been made to the Standard HMO and Standard PPO beginning January 1, 2010. These changes helped provide a reduction in premium cost for both employees and the City for both plans and are detailed on the enclosed 2010 Open Enrollment Page.

YOUR DENTAL PLAN OPTIONS

Beginning January 1, 2010, the City's dental plans will be administered by MetLife. When considering this change in dental plan carriers, the City reviewed the coverage provided by the three CompBenefits plans and those from MetLife. As a result, the number of dental plan options will be reduced to two: the MetLife DHMO and the MetLife Preferred Dentist Program (MetLife PDP). The MetLife PDP plan replaces both the CompBenefits EP505 and Elite 400 PPO plans, providing the same level of plan benefit for care received from participating providers and non-participating providers.

NOTE: You must make a dental plan election for 2010, even if you are currently enrolled in a CompBenefits Dental Plan. Due to the significant changes in the City's coverage options for 2010, if you do nothing during Open Enrollment, your current coverage election in the dental plan WILL NOT continue.

Both MetLife plans provide a larger provider network including more general dentists, periodontists, endodontists, and orthodontists and include an increase in plan coverage, including coverage for resin-based and composite fillings. In addition, coverage for adult orthodontia is available in the DHMO plan.

For the 2010 plan year, the premium costs for the new MetLife DHMO have decreased 16% and PDP Dental Plan has increased 15%. A plan summary highlighting the plan benefits provided and your 2010 bi-weekly premium cost is included in the plan summary on the back page. A more detailed summary of the coverage provided by all the benefit plans is available on the Fish Tank, under the HR/Labor Tab/Benefits.

YOUR DISABILITY OPTIONS

Have you ever considered what would happen if you became disabled and could no longer work due to an illness or injury not related to your work? It would likely be financially challenging not to have enough income to meet your monthly expenses.

To help you prepare for the unexpected, beginning January 1, 2010, the City will provide you with the option to purchase disability coverage. Because different people need different types of protection, the following two disability plan options are available:

SHORT-TERM DISABILITY

Short-Term Disability replaces a portion of your weekly earnings, based on your total annual earnings (as of December 31, 2009), should you become unable to perform the duties of your position due to an illness or injury that is not work related. This plan replaces 60% of your pre-disability earnings to a maximum weekly benefit of \$1,500, for an approved disability. Disability payments begin after you have been disabled for a period of fourteen (14) consecutive calendar days, including Saturday and Sunday, and continue for a period of up to 26 weeks, provided you are unable to return to work.

You are considered disabled if you have an illness, pregnancy or accidental injury and you are unable to perform the duties of your position. You must be receiving the appropriate care from a physician on a continuing basis, your physician must certify that you are unable to return to work, and your claim has been approved by Unum, the plan carrier, in order to receive payment. Plan costs are indicated below.

SHORT-TERM DISABILITY

Cost per \$10 monthly earnings
(annual salary divided by 52)

YOUR AGE	COST PER \$10 OF COVERAGE
UNDER 25	\$0.500
25 - 29	\$0.540
30 - 34	\$0.500
35 - 39	\$0.470
40 - 44	\$0.520
45 - 49	\$0.580
50 - 54	\$0.620
55 - 59	\$0.920
60 - 64	\$1.180
65 OVER	\$1.340

**I.E. 30 years old,
Earn \$1,000/week**

\$1,000	Weekly Pay	\$
x 0.60	Plan benefit of 60%	x 0.60
\$ 600	Weekly Short-Term Disability benefit	\$
÷ 10	Premium based on \$10 increments	÷ 10
60		
x 0.50	The rate for your age (see adjacent table)	x
\$30.00	The monthly premium	\$
÷ 2		÷ 2
\$15.00	The bi-weekly premium	\$

**GO Calculate your
bi-weekly Short-Term
Disability premium**

LONG-TERM DISABILITY

This plan replaces 60% of your pre-disability earnings to a maximum monthly benefit of \$10,000 for an approved disability. If you have been unable to work for a period of 26 weeks or more, Long-Term Disability helps replace your income if you are still unable to work. You are considered disabled if you have an illness, pregnancy or accidental injury and you are unable to perform the duties of your position. You must be receiving the appropriate care from a physician on a continuing basis, your physician must certify that you are unable to return to work, and your claim has been approved by Unum, the plan carrier, in order to receive payment. Plan costs are on the following page.

Coverage under the plan is provided until you are able to return to work, are approved by Social Security for Disability Benefits (if eligible), reach age 65 or until your death. In addition, the Long-Term Disability plan provides training and job placement opportunities should you be unable to perform the duties of the job held prior to the illness or injury.

LONG-TERM DISABILITY	
Cost per \$100 monthly earnings (annual salary divided by 100)	
MAXIMUM BENEFIT \$10,000 MONTHLY	
YOUR AGE	COST PER \$100 OF COVERAGE
UNDER 25	\$0.110
25 - 29	\$0.150
30 - 34	\$0.240
35 - 39	\$0.370
40 - 44	\$0.510
45 - 49	\$0.760
50 - 54	\$1.050
55 - 59	\$1.340
60 - 64	\$1.350
65 - 69	\$1.760
70 OVER	\$2.110

I.E. 30 years old, Earn \$4,000/month		GO Calculate your bi-weekly Long-Term Disability premium	
\$4,000	Monthly Pay		
x 0.60	Plan benefit of 60%	\$	
\$2,400	Weekly Long-Term Disability benefit	x 0.60	
÷ 100	Premium based on \$100 increments	\$	
24		÷ 100	
x 0.24	The rate for your age (see adjacent table)		
\$5.76	The monthly premium	x	
÷ 2		\$	
\$2.88	The bi-weekly premium	÷ 2	
		\$	

YOUR LIFE INSURANCE OPTIONS

As an important part of a sound financial plan, life insurance is a valuable benefit to your beneficiaries upon your death. Your beneficiaries can then use this money to replace some of the income you would have earned or to help pay off debts or other expenses.

The Basic, Supplement and Dependent Life Insurance programs provided by the City are term life policies. Term life policies can help meet a wide variety of personal needs and provide the most coverage for your premium dollar for a set period of time. Term life insurance is perhaps the simplest form of life insurance. It provides temporary life insurance protection on a limited budget. Since term life insurance can be purchased in large amounts for a relatively small initial premium, it is well suited for short-range goals such as life insurance coverage to pay off a loan such as a mortgage, in the event of your death, or to provide extra life insurance benefits to your spouse during the child-raising years. The policies provided by the City are also portable, meaning if you leave the City, you may apply to the plan for conversion of your coverage by contacting the plan directly. Conversion allows you to exchange your City term life insurance policy for any permanent life insurance policy offered by the carrier at any time while the policy is in force.

NOTE: You must make a Supplemental Life Insurance election for 2010 even if you are currently enrolled in Supplemental Life Insurance. Due to the significant changes in the City's coverage options for 2010, if you do nothing during Open Enrollment, your current coverage election in Supplemental Life Insurance WILL NOT continue.

Effective January 1, 2010, the City's life insurance benefits will be provided through The Hartford. In addition to a change in life insurance carriers, the City is also making additional Supplemental Life Insurance and Dependent Life Insurance available to all employees. Beginning January 1, 2010, the following life insurance programs will be available to you:

BASIC LIFE INSURANCE

To ensure that all employees have a basic level of life insurance protection, you are automatically enrolled in Basic Life Insurance. The City's Basic Life Insurance plan provides a benefit equal to your annual salary rounded to the next highest thousand dollars of coverage. The City pays 50% of the premium and you pay 50%. Beginning January 2010, the premium cost for the City's Basic Life Insurance coverage has been reduced. Plan costs are indicated below:

City pays \$0.0750 for each \$1,000 of your annual salary and you pay \$0.0750 for each \$1,000 of your annual salary.

ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment (AD&D) is a plan that pays additional benefits if the cause of your death is due to a non-work-related accident. Fractional amounts of the policy will be paid out if you incur an injury that causes the loss of a limb or sight. In the event of accidental death, this insurance will pay benefits in addition to your Basic Life Insurance coverage. Death by illness, suicide, or natural causes is not covered by your AD&D policy. An AD&D policy also provides a benefit for the loss of limbs, fingers, sight and permanent paralysis.

You are automatically enrolled in the City's AD&D Plan. The City pays the full premium cost for this coverage. The City's AD&D plan provides you with a benefit of 50% of your Basic Life Insurance coverage to a maximum benefit of \$20,000 in the event of your death due to a non-work-related accident. In the event of an accident that results in you losing your eyesight, speech, hearing, or a limb, the plan will pay you or your beneficiaries a specified amount.

SUPPLEMENTAL LIFE INSURANCE

You may purchase additional life and accidental death and dismemberment insurance coverage through the Supplemental Life Insurance program. This program offers term life and accidental death and dismemberment insurance in a lump sum equal to one, two, three, four or five times your annual base pay (rounded to the nearest thousand). The cost of supplemental life insurance depends on the option you choose, your annual salary and age. Plan costs are indicated in the table below:

SUPPLEMENTAL LIFE INSURANCE	
Employees may elect from 1 to 5 times their annual earnings	
YOUR AGE	COST PER \$1,000 OF COVERAGE
UNDER 25	\$0.091
25 - 29	\$0.086
30 - 34	\$0.100
35 - 39	\$0.130
40 - 44	\$0.190
45 - 49	\$0.295
50 - 54	\$0.480
55 - 59	\$0.765
60 - 64	\$1.014
65 - 69	\$1.583
70 OVER	\$2.750

I.E. 30 years old, Earn \$48,225/year 2 times elected		GO Calculate your Supplemental Life Insurance premium	
\$48,000	Annual Pay	\$	
x 2	Level of Supplemental Life elected	x LEVEL	
\$96,450	Amount of Supplemental Life elected	\$	
\$97,000	Round up to the next thousand	\$	
÷ 1000	Premium based on \$1,000 increments	÷ 1000	
97			
x 0.10	The rate for your age (see adjacent table)	x	
\$9.70	The monthly premium	\$	
÷ 2		÷ 2	
\$4.85	The bi-weekly premium	\$	

During this Open Enrollment, you may elect Supplemental Life Insurance from one to five times your annual salary to a maximum life insurance benefit of \$250,000, without the need to submit proof of your good health and up to \$500,000 with proof of good health. Requests for Supplement Life Insurance made after the 2010 Annual Open Enrollment will require approval by The Hartford upon submission of a health questionnaire.

The value of your Supplemental Life Insurance will not decrease with age; however your elected coverage will increase or decrease based on changes in your annual salary.

DEPENDENT LIFE INSURANCE

Beginning January 1, 2010, you may purchase term life coverage for your spouse and/or dependent children. Coverage is "bundled," meaning your purchase is based on the coverage level requested for a spouse, which includes coverage in the amount of \$10,000 for each of your dependent children. If you do not have a spouse, but want to purchase life insurance coverage for your dependent child(ren), your only option would be to elect \$20,000 in spouse coverage which will provide a \$10,000 benefit for each of your dependent children. Plan costs are indicated in the adjacent table.

DEPENDENT LIFE INSURANCE		
Employee elects coverage for Spouse which includes \$10,000 benefit for each child		
SPOUSE	PER CHILD	BI-WEEKLY PREMIUM
\$20,000	\$10,000	\$1.00
\$30,000	\$10,000	\$1.50
\$40,000	\$10,000	\$2.00
\$50,000	\$10,000	\$2.50

YOUR FLEXIBLE SPENDING ACCOUNT OPTIONS

A Flexible Spending Account (FSA) allows you to reimburse yourself for eligible out-of-pocket health care and dependent care expenses. As with last year, the City's FSAs will be provided through Fringe Benefit Management Company (FBMC). Contributions to the plan are determined by you and are taken from your paycheck before taxes are calculated, reducing your taxable income. It is very important to carefully evaluate your expected eligible expenses for the year as money remaining in the plan at the end of the plan year cannot be refunded. This plan has a \$4.50 monthly administration fee that the City is paying for you.

HEALTH CARE FSA	DEPENDENT CARE FSA
Maximum Annual Contribution \$5,000	Maximum Annual Contribution \$5,000
	Depending on your tax filing status, your contribution maximum for the Dependent Care FSA may be lower.
Eligible Expenses Include:	Eligible Expenses Include:
• Health plan deductibles, copays and coinsurance	• Child care costs for the care of your dependent under the age of 13 so you or you and your spouse can work
• Dental plan deductibles, copays and coinsurance	• Expenses for the care of a dependent adult who is incapable of self-support
• Prescription copays	
• Over the counter medications	

NOTE: You must make a Flexible Spending Account contribution election for 2010 even if you are currently contributing to a flexible spending account. Due to the significant changes in the City's coverage options for 2010, if you do nothing during Open Enrollment, your current coverage election in the Flexible Spending Accounts WILL NOT continue.

This brochure is designed to highlight the key provisions of the City of Miami Beach benefits available to you. The plan documents control the benefits payable for these plans. This brochure is not intended to be a substitute for the full plan details, it is only intended to provide you with a brief description of the benefit plans offered.

2010 MEDICAL PLAN OPTIONS	HUMANA HMO		HUMANA POS		HUMANA PPO			
	PREMIUM		IN NETWORK		PREMIUM		STANDARD	
	REFERRALS REQUIRED MUST USE PARTICIPATING PROVIDERS	NO REFERRALS NEEDED MUST USE PARTICIPATING PROVIDERS	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS	IN NETWORK PARTICIPATING PROVIDERS	OUT OF NETWORK NON- PARTICIPATING PROVIDERS	IN NETWORK PARTICIPATING PROVIDERS	OUT OF NETWORK NON- PARTICIPATING PROVIDERS
MAXIMUM LIFETIME BENEFIT	\$2,000,000	\$5,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$5,000,000	\$5,000,000
ANNUAL DEDUCTIBLE (D) INDIVIDUAL	NONE	NONE	•	\$400	\$200	\$200	\$350	\$350
ANNUAL DEDUCTIBLE (D) FAMILY	NONE	NONE	•	\$800	\$600	\$600	\$1,050	\$1,050
MAXIMUM ANNUAL OUT-OF-POCKET INDIVIDUAL	•	•	\$0	\$2,500	\$1,000	\$1,000	\$3,000	\$6,000
MAXIMUM ANNUAL OUT-OF-POCKET FAMILY	•	•	\$0	\$5,000	\$3,000	\$3,000	\$6,000	\$12,000
MAXIMUM ANNUAL CO-PAYMENTS INDIVIDUAL	\$1,500	\$1,500	•	•	•	•	•	•
MAXIMUM ANNUAL CO-PAYMENTS FAMILY	\$3,000	\$3,000	•	•	•	•	•	•
PHYSICIAN OFFICE VISIT (PCP)	\$5 COPAY	\$20 COPAY	\$5 COPAY	(D) THEN 70%	\$10 COPAY	(D) THEN 80%	\$25 COPAY	(D) THEN 70%
SPECIALIST OFFICE VISIT	•	\$30 COPAY	\$5 COPAY	(D) THEN 70%	\$10 COPAY	(D) THEN 80%	\$25 COPAY	(D) THEN 70%
ALLERGY TESTING & TREATMENT	\$5 COPAY	\$20 PCP/ \$30 SPECIALIST	\$5 COPAY	(D) THEN 70%	\$3 COPAY	(D) THEN 70%	NO COPAY	(D) THEN 70%
OUTPATIENT DIAGNOSTIC SERVICES (NON-SURGICAL CARE, ADVANCED IMAGING MRI, PET, MRA, CAT, SPECT)	NO COPAY	\$100 COPAY	NO COPAY	(D) THEN 70%	90% after \$25 ^a	(D) 70% after \$100 ^a	(D) THEN 80%	(D) THEN 60%
OUTPATIENT SURGERY	NO COPAY	\$100 COPAY	NO COPAY	(D) THEN 70%	90% after \$100 ^a	(D) 70% after \$500 ^a	(D) THEN 80%	(D) THEN 60%
URGENT CARE	\$25 COPAY	\$30 COPAY	•	•	•	•	•	•
EMERGENCY ROOM	\$25 copay in service area, \$100 or 25% or reasonable cost outside service area	\$100 COPAY/visit	\$50 COPAY/visit	(D) THEN 70%	90% after \$25 ^a	(D) then 70% after \$25 ^a	80% after \$100 ^a	(D) THEN 60%
INPATIENT CARE	100% after \$100 copay	100% after \$200/day copay (FIRST 5 DAYS)	100% after \$100 PER/ADM	70% after \$500 PER/ADM	90% after \$100 ^a	(D) then 70% after \$500 ^a	(D) THEN 80%	(D) THEN 60%
MENTAL AND NERVOUS		TREATED AS ANY OTHER ILLNESS.	AS ANY OTHER ILLNESS.	ALL COPAYS AND DEDUCTIBLES APPLY.				
SUBSTANCE ABUSE		TREATED AS ANY OTHER ILLNESS.	AS ANY OTHER ILLNESS.	ALL COPAYS AND DEDUCTIBLES APPLY.				
PRESCRIPTION DRUGS (AT PHARMACY - 30 DAY SUPPLY)								
GENERIC	\$5 COPAY	\$7 COPAY	\$10 COPAY	\$14 COPAY	\$10 COPAY	\$14 COPAY	\$10 COPAY	70% after copay + cost difference generic and name brand
FORMULARY	\$5 COPAY	\$35 COPAY	\$10 COPAY*	\$14 COPAY*	\$10 COPAY*	\$14 COPAY*	\$30 COPAY	
NAME BRAND	NOT COVERED	\$50 COPAY	\$10 COPAY*	\$14 COPAY*	\$10 COPAY*	\$14 COPAY*	\$50 COPAY	
PRESCRIPTION DRUGS MAIL ORDER (90 DAY SUPPLY)								
GENERIC	\$15 COPAY	\$14 COPAY	\$30 COPAY	\$42 COPAY	\$30 COPAY	\$42 COPAY	\$30 COPAY	70% after copay + cost difference generic and name brand
FORMULARY	\$15 COPAY	\$70 COPAY	\$30 COPAY*	\$42 COPAY*	\$30 COPAY*	\$42 COPAY*	\$90 COPAY	
NAME BRAND	NOT COVERED	\$100 COPAY	\$30 COPAY*	\$42 COPAY*	\$30 COPAY*	\$42 COPAY*	\$150 COPAY	
YOUR BI-WEEKLY PREMIUM								
EMPLOYEE ONLY	\$149.10	\$45.42		\$165.98		\$298.04		\$88.09
FAMILY	\$369.66	\$180.22		\$411.93		\$731.36		\$345.90

^a Per admission ^{*} Generic provided when available

EyeMed Vision Plan

Vision benefit for employees and dependents participating in one of the City's medical plans effective January 1, 2010. Must use participating providers.

EXAMINATION ONCE EVERY 12 MONTHS WITH DILATION (AS NECESSARY)	NO COPAY	LENS OPTIONS ONCE EVERY 12 MONTHS	UV TREATMENT	NO COPAY
FRAMES ONCE EVERY 12 MONTHS ANY AVAILABLE FRAME AT PROVIDER LOCATION	\$75 PLAN PAYMENT THEN 20% DISCOUNT ON BALANCE		TINT (SOLID AND GRADIENT)	NO COPAY
STANDARD PLASTIC LENSES ONCE EVERY 12 MONTHS			STANDARD PLASTIC SCRATCH COATING	NO COPAY
SINGLE VISION	\$10 COPAY		STANDARD POLYCARBONATE - ADULT	NO COPAY
BIFOCAL	\$10 COPAY		STANDARD POLYCARBONATE - CHILD (UNDER 19)	NO COPAY
TRIFOCAL	\$10 COPAY		STANDARD ANTI-REFLECTIVE COATING	NO COPAY
LENTICULAR	\$10 COPAY		POLARIZED	20% DISCOUNT
STANDARD PROGRESSIVE	\$10 COPAY		OTHER ADD ONS	20% DISCOUNT
PREMIUM PROGRESSIVE	\$10 COPAY PLUS 80% OF COST LESS \$120 ALLOWANCE	CONTACT LENSES ONCE EVERY 12 MONTHS - Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed		
LASER VISION CORRECTION LASIK OR PRK FROM U.S. LASER NETWORK	15% DISCOUNT FROM REGULAR COST 5% DISCOUNT FROM PROMOTIONAL COST	STANDARD FIT AND FOLLOW-UP		NO COST
ADDITIONAL PAIRS BENEFIT		PREMIUM FIT AND FOLLOW-UP		10% DISCOUNT THEN \$40 ALLOWANCE
COMPLETE PAIR EYEGLASSES	40% DISCOUNT	CONVENTIONAL		\$150 PLAN PAYMENT ALLOWANCE THEN 15% DISCOUNT ON BALANCE
CONVENTIONAL CONTACT LENSES	15% DISCOUNT	DISPOSABLE		\$150 PLAN PAYMENT

2010 DENTAL PLAN OPTIONS	MetLife DHMO		MetLife PDP	
	Must use participating providers. Plan pays 100% after fixed copayment for service.		Must use participating providers. Plan payment is based on providers reduced contracted fees.	Your choice of licensed dental care providers. Plan payment is based on reasonable and customary allowances.
ANNUAL DEDUCTIBLE	NONE		\$50 INDIVIDUAL/\$150 FAMILY	\$50 INDIVIDUAL/\$150 FAMILY
ANNUAL MAXIMUM	NONE		\$2,000 PER PARTICIPANT	\$2,000 PER PARTICIPANT
LIFETIME ORTHODONTIA MAXIMUM	NONE		\$1,500 PER PARTICIPANT	\$1,500 PER PARTICIPANT
DIAGNOSTIC AND PREVENTIVE SERVICES	NO COPAY		COVERED AT 100%	COVERED AT 100%
PERIODIC ORAL EVALUATION				
X-RAYS, INTRAORAL INCLUDING BITEWINGS				
CLEANINGS, FLUORIDE APPLICATIONS, SEALANTS				
BASIC SERVICES	NO COPAY		80% AFTER DEDUCTIBLE	80% AFTER DEDUCTIBLE
FILLINGS - ONE SURFACE, AMALGAM OR RESIN-BASE COMPOSITE				
COMPOSITE (WHITE) FILLINGS	\$30		80% AFTER DEDUCTIBLE	80% AFTER DEDUCTIBLE
PERIODONTICS (TREATMENT OF DISEASES OF THE GUMS)	FIXED COPAY - SEE SCHEDULE		80% AFTER DEDUCTIBLE	80% AFTER DEDUCTIBLE
ENDODONTICS (ROOT CANAL)	FIXED COPAY - SEE SCHEDULE		80% AFTER DEDUCTIBLE	80% AFTER DEDUCTIBLE
MAJOR SERVICES	FIXED COPAY - SEE SCHEDULE		50% AFTER DEDUCTIBLE	50% AFTER DEDUCTIBLE
CROWN, BRIDGES, DENTURES				
ORTHODONTICS *BENEFITS ARE NOT SUBJECT TO THE ANNUAL DEDUCTIBLE				
LIMITED TREATMENT - MINOR PROCEDURE	\$725 COPAY		50%	50%
COMPREHENSIVE (FULL CASE)	\$1,695 COPAY		50%	50%
YOUR BI-WEEKLY PREMIUM				
EMPLOYEE ONLY	\$2.08		\$7.07	
EMPLOYEE + 1	\$3.64		\$13.62	
FAMILY	\$5.72		\$20.88	